

## **CHANGE OF PRESCRIPTIVE AUTHORITY COLLABORATIVE AGREEMENT**

**\*\*\*\*\*DO NOT use this form if you are CHANGING your Collaborating Physician\*\*\*\*\***

You **MUST** submit a new *CRNP Application for Prescriptive Authority*. The application is available at [www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)

### **General Instructions**

1. Verify ALL names/licenses at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us) before submitting.
2. Include ALL **zeros** and **prefixes/suffixes** for each license/certificate number.
3. Collaborating Physician listed on the Change Form must match the Collaborating Physician you listed on your Prescriptive Authority Application.
4. If there are changes to your Prescriptive Authority Collaborative Agreement that are not addressed on the form, such as additional practice locations, please contact the State Board of Nursing for further instruction.
5. No fee is required for submission of any Change Form.
6. A letter confirming the change will be forwarded from the State Board of Nursing once processed.

**IMPORTANT: The CRNP must keep a copy of any Change of Prescriptive Authority Collaborative Agreement Form submitted to the State Board of Nursing.**

To verify an agreement is **TERMINATED**, refer to the website [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us).

**Change of Prescriptive Authority Collaborative Agreement: Add/Delete Substitute Physician(s)**

\_\_\_\_\_  
**PRESCRIPTIVE AUTHORITY NUMBER**

\_\_\_\_\_  
**NAME OF CRNP**

\_\_\_\_\_  
**NAME OF COLLABORATING PHYSICIAN**

\_\_\_\_\_  
**PENNSYLVANIA CRNP NUMBER**

\_\_\_\_\_  
**PHYSICIAN LICENSE NUMBER**  
(Include all prefixes/suffixes)

\_\_\_\_\_  
**PHONE NUMBER/EMAIL**

**Add/Delete Substitute Physicians** Attach a separate list of physicians if the space provided is not sufficient and state "See Attached". CRNP name must be listed on attached page(s). (Verify that ALL names and license numbers are correct at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us).)

**Add Substitute(s) - Physician's Name**

**Physician's License Number (including prefixes/suffixes)**


**Delete Substitute(s) - Physician's Name**

**Physician's License Number (including prefixes/suffixes)**


\_\_\_\_\_  
**Signature of CRNP**

\_\_\_\_\_  
**Date Signed**

**AND**

\_\_\_\_\_  
**Signature of Collaborating Physician**

\_\_\_\_\_  
**Date Signed**

**THE CHANGE IS NOT EFFECTIVE UNTIL YOU HAVE  
RECEIVED A LETTER FROM THE STATE BOARD OF NURSING**